

ELIGIBILITY DETERMINATION

Agency Name: _____ Applicant Name: _____

Provider-Assessor # - Social Security # - -

Assessment Date: - -

INDEPENDENT HOUSING WITH SERVICES (IHSP)

CH.1. In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support? Yes ____ No ____

CH.2. In Section P, Instrumental Activities of Daily Living, are at least 3 IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in self-performance AND a 3 or 4 in support? Yes ____ No ____

CH.3. In Section E, Physical Functioning/Structural Problems, is at least 1 ADL from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance and a 2 or 3 in support AND in Section P, Instrumental Activities of Daily Living, are at least 2 IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in self-performance and a 3 or 4 in support? Yes ____ No ____

If the answer to CH.1, CH.2, OR CH.3 is Yes, score this section with a "1".
The consumer appears to be functionally eligible for Congregate Housing.

ADULT DAY PROGRAM

AD.1. In Section E, Physical Functioning/Structural Problems, were d., e., f., and 4 (dressing, eating, toilet use, and bathing) all coded with a 5 (cueing) in self-performance AND support? OR

AD.2. In Section E, Physical Functioning/Structural Problems, were one or more of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support? Yes ____ No ____

If the answer to either AD.1. OR AD.2. is "YES," score this section with a "1".
The consumer appears to be functionally eligible for the Adult Day Program.

HOMEMAKER SERVICES

HM.1. In Section P, Instrumental Activities of Daily Living, are at least three of the following IADLs: 1b. main meal preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry, coded with a 2 or 3 (needs assistance or dependent) in self-performance AND a 3 or 4 in support? OR

HM.2. In Section E. Physical Functioning/Structural Problems, are g. personal hygiene or d. dressing, coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support AND are at least 2 of the following: 1b. main meal preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry coded with a 2 or 3 in self performance and a 3 or 4 in support? Yes ____ No ____

If the answer to either HM.1. OR HM.2. is "YES," score this section with a "1".
Consumer appears to be functionally eligible for BEAS Homemaker Services.

MAINECARE DAY HEALTH SERVICES

D.1. In Section E, Physical Functioning/Structural Problems, were d., e., f., and 4 (dressing, eating, toilet use, and bathing) all coded with a 5 (cueing) in self-performance AND support? OR

D.2. In Section E, Physical Functioning/Structural Problems, were two or more of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support? Yes ____ No ____

If the answer to either D.1. OR D.2. is "YES," score this section with a "1".
Consumer appears to be medically eligible for MaineCare Day Health Services.

MAINECARE HOME HEALTH

HH.A. a. In Section A, Nursing Services, were any items A1-A10 coded with a 1, 2, 3, 4, or 7? Yes ____ No ____

b. In Section A, was item A12 Therapy coded with a 1? Yes ____ No ____

c. In Section A, was item A13, Assessment/Management, coded with a 7 (assessment needed twice a month)? Yes ____ No ____

d. In Section B, were items were items a-d, g-k, coded with a 1, 2, or 7? Yes ____ No ____

(B.e. Venipuncture and B.f. Monthly Injection are not criteria for MaineCare Home Health.)

If the answer to any of these questions is "YES," then score this section with a "1".
Consumer appears to be medically eligible for MaineCare Home Health.

ELIGIBILITY DETERMINATION

Page 2 of 7

Agency Name: _____	Applicant Name: _____
Provider-Assessor # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Social Security # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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HOME BASED CARE - LEVEL 1	
H.1.A	In Section E, Physical Functioning/Structural Problems, were d., e., f., and 4 dressing, eating, toilet use, and bathing) all coded with a 5 (cueing) in self-performance AND support? Yes ____ No ____
H.1.B	In Section E, Physical Functioning/Structural Problems, how many ADLs from the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing were coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support? <input style="width: 40px;" type="text"/>
H.1.C	In Section A, items 1-11, Professional Nursing Services, how many boxes were coded with at least a 1 (needed nursing service at least one day a week)? <input style="width: 40px;" type="text"/>
H.1.D	In Section P, Instrumental Activities of Daily Living, how many IADLs from items 1b. main meal preparation, 2b. routine house work, 2c. grocery shopping, or 2d. laundry were coded with a 2 or 3 (assistance/done with help or dependent/done by others) in self-performance AND a 3 or 4 in support? Sum H.1.B +C +D Total <input style="width: 40px;" type="text"/>
H.1.E	If the answer to H.1. (cueing) is "YES," score this section with a "1." <input style="width: 40px;" type="text"/>
H.1.F	If the person requires assistance with at least one ADL from the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing, AND the TOTAL score from H.1.B+C+D above is equal to or greater than 3, score this section with a "1." <input style="width: 40px;" type="text"/>
<i>If H.1.E. or H.1.F. is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 1.</i>	
HOME BASED CARE - LEVEL 2	
H.2	If person is medically eligible for Level II Private Duty Nursing (R.2D on page 5 of 7 under Eligibility Determination), score this section with a "1". <input style="width: 40px;" type="text"/>
<i>If H.2 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 2.</i>	
HOME BASED CARE - LEVEL 3	
H.3.A	In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, eating, or toilet use coded with a 2, 3, or 4 in self-performance and a 2 or 3 in support AND in Section P, Instrumental Activities of Daily Living, are at least 3 IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in self-performance and a 3 or 4 in support? Yes ____ No ____
H.3	If the answer to H.3.A is Yes, score this section with a "1". <input style="width: 40px;" type="text"/>
<i>If H.3 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 3.</i>	
HOME BASED CARE - LEVEL 4	
H.4	If person is medically eligible for NF Level of Care (NF.7 on page 6 of 6 under Eligibility Determination), score this section with a "1". <input style="width: 40px;" type="text"/>
<i>If H.4 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 4.</i>	

ELIGIBILITY DETERMINATION

Page 3 of 7

Agency Name: _____ Applicant Name: _____

Provider-Assessor # - Social Security # -

Assessment Date: - -

COGNITIVE CAPACITY FOR CONSUMER DIRECTED SERVICES

Does consumer have a Legal Guardian (Section A.17.a)?

Yes ____ No ____

If 'yes', consumer does have a legal guardian, do not continue scoring for consumer-directed services. Consumer is not eligible for Consumer Directed Services.

If 'no', consumer does not have a legal guardian, then continue scoring for cognitive capacity.

Ability to Self-direct Indicators:

1. Decision Making skills (Section C.3) = 0 or 1 Yes ____ No ____
2. Making Self Understood (Section I.3) = 0, 1, or 2 Yes ____ No ____
3. Ability to Understand Others (Section I.4) = 0, 1, or 2 Yes ____ No ____
4. Managing Finances (Section P.2.a.1)
- a. in Self Performance = 0, 1, or 2 Yes ____ No ____
- b. in Support = 0, 1, 2, or 3 Yes ____ No ____

CC.1 If all the answers to the above questions are "Yes" then score this section with a "1".

Person appears to have cognitive capacity to self-direct their care.

MaineCare CONSUMER DIRECTED PCA SERVICES

P.1 In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance and a 2 or 3 in support? Yes ____ No ____

P.2 If the answer to P.1 is Yes, AND CC.1 (Cognitive Capacity) is scored with a "1", then score this section with a "1".

If P.2 is scored with a "1", the consumer appears to be functionally eligible for MaineCare Consumer Directed PCA Services.

CONSUMER DIRECTED HOME BASED CARE

CDH.1 In Section E, Physical Functioning/Structural Problems, how many ADLs from the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing were coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support?

CDH.2 In Section A, items 1-11, Professional Nursing Services, how many boxes were coded with at least a 1 (needed nursing service at least one day a week)?

CDH.3 In Section P, Instrumental Activities of Daily Living, how many IADLs from items 1b. main meal preparation, 2b. routine house work, 2c. grocery shopping, or 2d. laundry were coded with a 2 or 3 (assistance/done with help or dependent/done by others) in self-performance and a 3 or 4 in support?

Sum CDH. 1+2 +3 = Total

CDH.4 If the person requires assistance with at least one ADL from CDH.1, AND the TOTAL score above is equal to or greater than 3, score this section with a "1".

CDH.5 If CDH.4 is "1" AND CC.1 (Cognitive Capacity) is scored with a "1", then score this section with a "1".

If CDH.5 is scored with a "1", the consumer appears to be functionally eligible for Consumer Directed Home Based Care Services.

MaineCare PHYSICALLY DISABLED HCB

PDW. 1 Is person medically eligible for NF Level of Care (NF.7 on page 7 of 7 under Eligibility Determination)? Yes ____ No ____

PDW.2 If the answer to PDW.1 is Yes, AND CC.1 (Cognitive Capacity) is scored with a '1', then score this section with a "1".

If PDW.2 is scored with a "1", the consumer appears to be functionally eligible for MaineCare Physically Disabled HCBs.

ELIGIBILITY DETERMINATION

Agency Name: _____ Applicant Name: _____

Provider-Assessor # - Social Security # - -

Assessment Date: - -

ADULT FAMILY CARE HOMES - LEVEL 1

Cueing/Limited Assistance

AF.1. a. In Section E, (Physical Functioning/Structural Problems), are the ADLs from items d, e, f, and 4 (dressing, eating, toilet use, and bathing) coded with a 5 (cueing required 7 days a week) in self-performance and 2,3, or 5 in support? OR Yes ____ No ____

b. In Section E, Physical Functioning/Structural Problems, were 2 or more of the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing coded with a 2, 3 or 4 in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to either of these questions is "YES," score this section with a "1." The consumer appears to be eligible for Level 1 of Adult Family Care Homes. ☐

ADULT FAMILY CARE HOMES - LEVEL 2

Extensive Assistance

AF.2. a. In Section E, (Physical Functioning/Structural Problems), is at least one ADL from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 3 or 4 (extensive assistance or total dependence) in self-performance and a 2 or 3 in support? AND Yes ____ No ____

b. In Section E, (Physical Functioning/Structural Problems), are at least two (2) additional ADLs from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 2, 3, or 4 (limited assistance, extensive assistance, or total dependence) in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to both of these questions is "YES," then score this section with a "1." The consumer appears to be eligible for Level 2 of Adult Family Care Homes. ☐

Cognitive Impairment

AF.3. a. Is Section C1a (short term memory) coded with a 1? Yes ____ No ____

b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e, None of the Above, checked (Person is able to recall no more than 2 items)? Yes ____ No ____

c. Is Section C3 coded with a 2 or 3? Yes ____ No ____

d. In Section E, (Physical Functioning/Structural Problems), are 2 or 3 ADLs from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 2, 3, or 4 (limited assistance, extensive assistance, or total dependence) in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to all of the above questions is "YES," then score this section with a "1." The consumer appears to be eligible for Level 2 of Adult Family Care Homes. ☐

Behavioral Symptoms

AF.4. a. In Section D, Problem Behavior, are one or more of the behaviors from items a, b and c (wandering, verbally abusive, physically abusive) coded with a 2 or 3? Yes ____ No ____

OR are at least 3 of the behaviors from items a, b, c and d coded with a 1 (behavior of this type occurred on 1-3 days only)? Yes ____ No ____

b. In Section E, (Physical Functioning/Structural Problems), are 2 or 3 ADLs from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 2, 3, or 4 (limited assistance, extensive assistance, or total dependence) in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to both of these questions is "YES," then score this section with a "1." The consumer appears to be eligible for Level 2 of Adult Family Care Homes. ☐

ADULT FAMILY CARE HOMES - LEVEL 3

Cognitive Impairment

AF.5. a. Is Section C1a (short term memory) coded with a 1? Yes ____ No ____

b. In Section C2 (memory recall) are only 1 or 2 boxes checked in C2a-C2d or is C2e, None of the Above, checked (Person is able to recall no more than 2 items)? Yes ____ No ____

c. Is Section C3 coded with a 2 or 3? Yes ____ No ____

d. In Section E, (Physical Functioning/Structural Problems), are at least 4 ADLs from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 2, 3, or 4 (limited assistance, extensive assistance, or total dependence) in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to all of the above questions is "YES," then score this section with a "1." The consumer appears to be eligible for Level 3 of Adult Family Care Homes. ☐

Behavioral Symptoms

AF.6. a. In Section D, Problem Behavior, are one or more of the behaviors from items a, b and c (wandering, verbally abusive, physically abusive) coded with a 2 or 3? Yes ____ No ____

OR are at least 3 of the behaviors from items a, b, c and d coded with a 1 (behavior of this type occurred on 1-3 days only)? Yes ____ No ____

b. In Section E, (Physical Functioning/Structural Problems), are at least 4 ADLs from items a, b, c, e, and f (bed mobility, transfer, locomotion, eating, or toilet use), coded with a 2, 3, or 4 (limited assistance, extensive assistance, or total dependence) in self-performance and coded with a 2 or 3 in support? Yes ____ No ____

If the answer to both of these questions is "YES," then score this section with a "1." The consumer appears to be eligible for Level 3 of Adult Family Care Homes. ☐

Page 5 of 7

PDN/PCS NURSING SCORE

Private Duty Nursing

Professional Nursing Services

Impaired Cognition

Behavior Problems

RN.E. Compute the total PDN nursing score from questions RN.A., RN.B., RN.C. and RN.D.

If the Total nursing score is 1 or more, proceed. Otherwise, the person appears NOT to be medically eligible for PDN Level II or Level III.

R.1.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were **d, e, f** and **4** (dressing, eating, toilet use, and bathing) all coded with a '5' (cueing) in **Self-Performance AND Support**? Yes ___ No___

R.1.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in **Self-Performance** AND a 2 or 3 in **Support**? Yes ____ No ____

R.1.C In Clinical Detail, Section E, Physical Functioning/Structural Problems, was at least 1 ADL from the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support AND in **Section P. Instrumental Activities of Daily Living,** were at least 2 IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in Self-Performance and a 3 or 4 in Support? Yes ____ No ____

R.1.D In **RN.E**, is the PDN Nursing Score '1' or more? Yes ___ No ___

If the answer to ANY of these questions is 'yes,' then score this section with a '1.' Person appears to be eligible for **PDN - Level 1**.

R.2.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were **d, e, f, and 4** (dressing, eating, toilet use, and bathing) all coded with a '5' (cueing) in **Self-Performance AND Support**? Yes ☐ No ☐

R.2.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in **Self-Performance** AND a 2 or 3 in **Support**? ☐ Yes ☐ No

R.2.C ADL Needs Score: If the answer to either R.2.A or R.2.B is 'yes' then score this section with a '1'. ☐

R.2.D PDN-Level 2 Eligibility Determination (RN.E + R.2.C)

a. In RN.E, is the PDN Nursing Score '1' or more? Yes ☐ No ☐

b. In R.2.C, is the ADL Needs Score '1'? Yes ☐ No ☐

If the answer to both of these questions is YES, score '1' in the box. The person appears to be eligible for **PDN-Level 2**. Otherwise, the person appears **NOT** to be eligible for **PDN-Level 2**.

ELIGIBILITY DETERMINATION

Agency Name: _____ Applicant Name: _____

Provider-Assessor # - Social Security # - -

Assessment Date: - -

PDN/PCS LEVEL 3

R.3.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 5 Shaded ADLs (bed mobility, transfer, locomotion, eating, toilet use) coded with a 2, 3, or 4 in **Self-Performance** AND a 2 or 3 in **Support**?

Yes ____ No ____

R.3.B ADL Needs Score: If the answer to R.3.A is 'yes' then score this section with a '1'.

R.3.C PDN-Level 3 Eligibility Determination (RN.E + R.3.B)

Yes ____ No ____

Yes ____ No ____

a. In RN.E, is the PDN Nursing Score '1' or more?

b. In R.3.B, is the ADL Needs Score '1'?

If the answer to both of these questions is YES, score '1' in the box. The person appears to be eligible for **PDN-Level 3**. Otherwise, the person appears **NOT** to be eligible for **PDN-Level 3**.

PDN/PCS Level V

EXP.1. In Section A, was item 9 (Ventilator/Respirator) coded with a 4 (nursing services needed 7 days a week)?

Yes ____ No ____

If the answer is YES, then person appears to be medically eligible for Extended PDN. Score 1 in the box.

If the answer is NO, then proceed to EXP.2.

EXP.2a. In Section A, was one of the items from 1 (Injections/IV Feedings), 2 (Feeding Tube), 3 (Suctioning/Trach Care), 4 (Treatment/Dressings), 8 (Comatose), or 10 (Uncontrolled Seizure) coded with a 6 (service needed at least once every 8 hours, 7 days a week)?

Yes ____ No ____

2b. In Section A, were 2 additional items from 1, 2, 3, 4, 8, or 10 coded with a 4?

Yes ____ No ____

If the answer to BOTH 2a. and 2b. is YES, then person appears to be medically eligible for PDN-Level 5. Score 1 in the box.

If NO, then person appears to NOT be medically eligible for PDN-Level 5.

PDN Level VI -- MEDICATION SERVICES FOR PERSONS WITH SEVERE AND DISABLING MENTAL ILLNESS

R.10. a. Is there a physician certification in the person's record verifying the person's eligibility or coverage for services under Section 17?

Yes ____ No ____

b. Has a physician certified that use of outpatient services is contraindicated for this person?

Yes ____ No ____

If the answer to both of these questions is "YES", then score this section with a "1".

R.11. a. In Section G, Medication, is G1a, Preparation/Administration, coded with a 6?

Yes ____ No ____

b. In Section G, Medication, is G1b, Compliance, coded with a 4?

Yes ____ No ____

If the answer to either of these questions is "YES", then score this section with a "1".

If the answer to both R.10. and R.11. is scored with a "1" then this person appears to be eligible for Medication Services under Private Duty Nursing. Otherwise, this person appears NOT to be eligible for Medication Services.

PDN Level VII -- VENIPUNCTURE ONLY SERVICES

R.12. a. Is there a physician order in the person's record for **only** venipuncture services on a regular basis?

Yes ____ No ____

b. Has a physician certified that use of outpatient services is contraindicated for this person?

Yes ____ No ____

c. In Section B, Special Treatments and Therapies, is B.1.e, Venipuncture, coded with a 1, 2, or 3?

Yes ____ No ____

If the answers to R.12 a., b., and c. are "YES", then score this section with a "1". Person appears to be eligible for Venipuncture Services under Private Duty Nursing.

ELIGIBILITY DETERMINATION

Page 7 of 7

Agency Name: _____ Applicant Name: _____
 Provider-Assessor # - Social Security #
 Assessment Date: --

NF LEVEL OF CARE

- NF.1. a. In Section A, Nursing Services, items 1-8, did you code any of the responses with a 4 (i.e., services needed 7 days/week)? Yes ____ No ____
- b. In Section A, item 9 (Ventilator/Respirator) did you code this response with a 2, 3 or 4 (treatment needed at least 3 days/week)? Yes ____ No ____
- c. In Section A, item 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? Yes ____ No ____
- d. In Section A, item 11 (Therapies), was the total number of days of therapy 5 or more days/week? Yes ____ No ____
- e. In Section E. (Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self performance? Yes ____ No ____
- If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue.*

PROFESSIONAL NURSING SERVICES:

- NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? Enter number.
- b. In Section A, item 11 (Therapies), was the total number of days of therapy 3 or 4 days/week? 0-No 1-Yes
- c. In Section B, items 1a-1e and 1g-1j (excluding 1f, monthly injections), did you code any of the responses with a 2? 0-No 1-Yes
- d. In Section B, items 2a-2d, did you code any of the responses with a 2? 0-No 1-Yes
- Compute the nursing services score from 2a-2d and enter it here.*
- Total**

NF.3. Impaired Cognition

- a. Is Section C1a (short term memory) coded with a 1? Yes ____ No ____
- b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? Yes ____ No ____
- c. Is Section C3 coded with a 2 or 3? Yes ____ No ____
- d. [Is Section C4A coded with a 1] **OR** [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? Yes ____ No ____
- If all the answers to the above questions are "yes," then score this section with a "1."*
-

NF.4. Behavior Problems

- a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? Yes ____ No ____
- b. [Is Section D2A coded with a 1] **OR** [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? Yes ____ No ____
- If the answer to both questions is yes, then score this section with a "1."*
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NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. **Total Nursing**

NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? **Total ADL Needs**

NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6)

If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Otherwise, person appears not to be medically eligible. Proceed to next page.